



Department of Veterans Affairs

ALBUQUERQUE FISHER HOUSE  
BUILDING 85  
1501 San Pedro Drive SE  
Albuquerque, NM 87108  
(505-265-1711 X3180)

## DONATIONS / ACTIVITIES

*One (1) Form per Organization or Group, including Auxiliaries*

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*For Item(s) Donated – Please give a brief description:*

☐ Toiletries: \_\_\_\_\_

☐ Clothing Items: \_\_\_\_\_

☐ Seasonal Cards: \_\_\_\_\_

☐ Magazines/Books: \_\_\_\_\_

☐ Food Items: \_\_\_\_\_

☐ Other: \_\_\_\_\_

*For Activities –*

*Please indicate the type of activity in addition to any items listed above:*

☐ Bingo \_\_\_\_\_

☐ Food \_\_\_\_\_

☐ Entertainment \_\_\_\_\_

☐ Other: \_\_\_\_\_

*Area/Ward of Activity:* \_\_\_\_\_

*Date & Time of Activity:* \_\_\_\_\_

**ESTIMATED TOTAL VALUE:**      \$ \_\_\_\_\_

**\*\*VOLUNTEER SIGN IN ON REVERSE\*\***

DONORS

DONORS

OFFICE  
USE

Computer Input      Date      Initials      ID#      File      Date

☐ TY Handed to Donor